TAX026

STATE OF IDAHO – DEPARTMENT OF LABOR

EMPLOYER QUARTERLY UNEMPLOYMENT INSURANCE TAX REPORT

CASHIER
IDAHO DEPARTMENT OF LABOR
317 W MAIN STREET
BOISE, IDAHO 83735-0610
TELEPHONE: (208) 332-3576 or (800) 448-2977

STATE ACCOUNT NUMBER:

YEAR WAGES WERE PAID:
CALENDAR QUARTER WAGES WERE PAID:

LEGAL ENTITY NAME AND ADDRESS:

IMPORTANT:
Make NO prior quarter adjustments on this report.

Adjustments to wages reported in previous quarters must be submitted SEPARATLY.

DO NOT include negative wages on this report.

☐ Check here if you wish to receive information on reporting wages via personal computer diskettes or download from www.cl.idaho.gov

☐ Check here if you wish to receive information on reporting wages on magnetic tape.

14. EMPLOYEE'S SOCIAL SECURITY NUMBER (Required)	15. EMPLOYEE'S LAST NAME, FIRST NAME AND INITIALS (Please type or machine print if possible)	16. TOTAL IDAHO WAGES PAID THIS QUARTER	
		DOLLARS	CENTS
17. TOTAL FOR THIS PAGE			
18. TOTAL WAGES FOR THIS WAGE REPORT (Enter on line 5 of the tax report)			